

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90016 025 \*\*\*150.00

20010070



03152006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000002653</b> 1. Entity Name <b>K. E. D. GONZALEZ CLEANING SERVICE, INC.</b>																	
Principal Place of Business <b>1810 LOMBARDY DRIVE CLEARWATER, FL 33755 US</b>			Mailing Address <b>1810 LOMBARDY DRIVE CLEARWATER, FL 33755 US</b>														
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country														
4. FEI Number <b>20-2173474</b>				Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent <b>GONZALEZ, JUSTINO 1810 LOMBARDY DRIVE CLEARWATER, FL 33755</b>													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GONZALEZ, JUSTINO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1810 LOMBARDY DRIVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>CLEARWATER, FL 33755</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	GONZALEZ, JUSTINO		STREET ADDRESS	1810 LOMBARDY DRIVE		CITY - ST - ZIP	CLEARWATER, FL 33755	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
SIGNATURE:		Date <b>03/15/06</b>		Daytime Phone #													